PTO/SB/17 (10-08)
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Under the Pap	respond to a collection of information unless it displays a valid OMB control number							
	Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/538,492-Conf. #7092		
FEE TRANSMITTAL For FY 2009				Filing Date		June 9, 2005		
				First Named Inventor		Koji MATSUMOTO		
	Examiner Name		N. Sultana					
Applicant claims small entity status. See 37 CFR 1.27			27	Art Unit		1791	***************************************	
TOTAL AMOUNT OF PAYMENT (\$) 670.00) 	Attorney Docket No.		0020-5382PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FII	ING FEES	SE	ARCH FEES	EXAM	NATION FEES	3	
Application Type	e Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							52	26
1				220 390	110 195			
Multiple depende	M-(-) (6)		dulaine Danas					
Total Claims			ee Paid (\$)	Paid (\$) <u>Multiple Depe</u> Fee (\$)		Fee Paid (\$)		
	20 =	if greater than 20.			£	EE 141	100700019	11
IHP ≈ highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
1 -3 = X =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =								
								Paid (\$)
Non-Prodict Specification \$130 fee (no small entity discount)								
Other (e.g., late-fixing surcharge): 1252 Extension for response within second month 490.00 1806 Submission of an Information Disclosure Statement 180.00								
1000 Submission of an information Disclosure Statement 100.00								
SUBMITTED BY	44.	2)	····	Registration No.	~~~~			~ ~ ~ ~ ~
Signature	<u> </u>	Communication		(Attorney/Agent)	32,881	Telephone	(703) 205-8000	
Name (Print/Type) John W. Bailey Date								r 2, 2009
	<i>}</i>							